

no pain unless they be moved about. 'They have now been on for about a month; and the fracture seems to be nearly united.

There is one inconvenience which sometimes occurs, and which it requires a little management to overcome. The bones have a tendency to meet at an angle; so that while the two lower edges, for example, may be in contact with one another, the two upper edges may be separated by an eighth of an inch. I do not know whether practically there is any great harm in this; probably, the union is not so firm as it would be if the whole surfaces were in contact. The difficulty may generally be overcome by an alteration in the direction of the hooks, especially of the upper ones. They may be made to catch the bone in a different manner, without being altogether withdrawn; so that the pain of a second perforation of the skin is avoided. When once the proper position is obtained, and the screw adjusted, no further interference may be requisite until it is thought proper to remove the instrument.

So far from regarding these hooks as "models of what ought not to be used," my belief is that, if due caution be observed, there is no method of treatment which, with so little trouble to the surgeon, or irksomeness and pain to the patient, will produce such satisfactory results.—*British Medical Journal*, May 24, 1862.

*35. Certain Errors in the Diagnosis and Treatment of Retention of Urine.*—Mr. BARNARD HOLT having lately met with several cases in which serious errors have been committed, both in the diagnosis and treatment of cases of retention of urine not *dependent upon stricture of the urethra*, has been induced to bring their salient points under notice of the profession. He relates five cases in which errors were committed, but as we suppose few surgeons of experience have not met with similar ones, we shall not transcribe them, but invite attention to some of his practical remarks, the importance of which we would like to impress upon our readers.

In all the cases related by Mr. Holt, the retention was due to paralysis of the bladder consequent on retention. "In fact," Mr. H. says, "the surgeons under whose care the cases first came were of that opinion, and attempted the introduction of catheters unsuccessfully, and then, putting the cases down as examples of 'suppression' were afterwards misled by the dribbling or overflow, which they took to be the re-secretion of the kidneys stimulated by the measures they had adopted.

"The diagnosis between retention and suppression is so very easy as to render a mistake perfectly inexcusable. In retention there is the urgent desire to micturate, accompanied with violent spasms, not only of the urethra and perineum, but of the whole abdominal wall; and as time elapses the *urgency increases*, the patient rolling in agony, and straining violently to relieve himself. Besides the surgeon's hand will at once detect the solid tumour above the pubes, formed by the distended bladder, which will yield a dull sound on percussion. In suppression of urine, on the contrary, there is no urgent desire to micturate, no spasm, and no agony consequent on a distended bladder; but the patient lies in a listless condition, soon passing into coma, whilst the breath and skin exhale a strong urinous smell. Moreover, the bladder will be found empty, and the fingers can be thrust into the pelvis, where the intestines yield a clear percussion sound. It must not be forgotten that a case of retention will at length pass into a typhoid condition, which might possibly be mistaken for the coma of uræmic poisoning; but the history of the case, and the presence of a distended bladder and dribbling of urine would at once point out its true nature.

"In all the cases I have seen, the error arises from the catheter's not having entered the bladder. Surgeons in general practice, who are not much in the habit of passing catheters usually introduce a gum-elastic catheter without a stilette, which, if it meets with even slight resistance, is very likely to bend upon itself, and thus never reach the bladder, although its whole length may have been introduced into the urethra. As I remarked in the early part of this paper, the injection of warm water at once clears up any doubt, and the fact that water cannot be injected may be considered conclusive evidence that the catheter has *not* reached the bladder.

"I have no hesitation in saying that in all cases such as I have described a catheter *can be passed* into the bladder, and I conceive it to be unjustifiable in any surgeon to be satisfied until he has withdrawn the urine; in which, if he will employ a metallic instrument of moderate size, he will in all probability succeed with ease. Time is of the greatest moment in these cases, and if, therefore, the surgeon in attendance do not succeed in his attempts, he is bound to call in assistance without delay, or his patient may possibly lose his life, or at least be condemned to the misery of the use of the catheter for the rest of his days.

"When the greater part of the urine has been withdrawn by the catheter, one of two courses must be pursued: either the instrument must be introduced every four or six hours or a gum-elastic catheter must be tied in, directions being given to the patient to empty the bladder at those intervals, with the view of keeping it nearly *empty*, so that the bladder may be able to recover its muscular tone and contractile power.

"The more I employ it, the more I feel satisfied with the use of turpentine, in ten or fifteen minim doses, in the cases complicated by hemorrhage from the bladder. In cases 3 and 4 it acted at once, although both gallic acid and the muriated tincture of iron had been employed without benefit; and I think the drug deserves a more general recognition by the profession."—*Lancet*, Feb. 21, 1863.

36. *Incontinence of Urine*.—Mr. ROBERT JOHNS communicated to the Surgical Society of Ireland (April 10, 1863), the following cases of incontinence of urine, which are particularly interesting from the causes producing the affection, and from the novelty and success of the treatment:—

CASE 1.—Some years since a medical friend sought my assistance under the following circumstances: Mrs. B. sent for him, and stated that she should be obliged to get rid of her housemaid, whom she highly prized, unless he could cure her of an infirmity from which she had been suffering for upwards of a year, which was not only highly detrimental to her property, but most distressing to the girl herself. She was a strong, robust, healthy country girl, aged 25 years, of a plethoric habit, and was unable to retain her urine at night, which commenced to flow off involuntarily as soon as she became warm in bed, and continued to do so incessantly until she rose in the morning. My friend employed assiduously for two months every known treatment, but without the least benefit to his patient. He could not assign any cause for her malady, none of those laid down by writers having existed. However, on inquiring more particularly from herself, I discovered that about fourteen months previously she had had a bad fever, during which, on several occasions, her urine was retained, and on each was passed off by means of warm fomentations, but that the retention had eventuated in her then present complaint. I then recommended that a metallic catheter should be introduced each night into the bladder, and there retained for a quarter of an hour. At the expiration of a week from my visit, the doctor informed me that his patient was quite well, the catheterism having removed the incontinence, some benefit having resulted to her after the first introduction of the instrument.

CASE 2.—During the winter of 1861, Mrs. B., aged 30 years, of a strumous diathesis, called upon me, and stated that she could not retain her water for a minute, but that she was always worse at night, when she became warm in bed. She was the mother of one child (a male), which was still-born after a very tedious labour, requiring the use of destructive instruments for its completion. About the fourth day after the birth of her child her water began to pass off involuntarily, and had continued to do so for some years, but that about six months before her visit to me she had been cured of a very bad vesico-vaginal fistula (after six plastic operations) which had originated the incontinence. Having found on examination per vaginam and by the catheter, that the urethra and neck of the bladder were rough and highly irritable, every second day for three weeks I passed a metallic instrument into the bladder, and retained it there on each occasion for from ten to fifteen minutes, at the same time giving her each night a pill containing half a grain of extract of belladonna and four grains of